



PART B - FEE(S) TRANSMITTAL

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7590

02/21/2003

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PO BOX 2245
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Cynthia Langrall

(Depositor's name)

C. Langrall

(Signature)

5/26/03

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/749,370	12/26/2000	Vernon A. Korenda	A61-26159-US	8363

TITLE OF INVENTION: SPRING-LOADED CONNECTOR SETUP FOR BLIND MATING AND METHOD FOR USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	05/21/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, PHUONGCHI T	2833	439-247000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Honeywell International Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Morristown, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 1

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1125 (enclose an extra copy of this form).

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Reg No (Date)

Marian Jackson 33 01 21 May 03

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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